WHAT TO DO

Step 1: Stop the Bleed

- Compression
- Tourniquet
- Foley (See diagram)
- Staples/Suture
- Reduce open fractures
- **LEAVE** impaled objects **IN**

Step 2: ACCESS

- IV
- IO
- RAPID INFUSER
- Arterial Line

Step 3: RESUS

BLOOD

MTP?

TXA

COAGS (reversal?)

ABX

TETANUS

Step 4: DISPO

CTA

IR

OR

Triggers for MTP Activation

Blood loss of ~1500mL
Uncontrolled hemorrhage and hemodynamic instability
Ongoing requirement for blood after 4 units of O-neg RBC's
ABC score of ≥ 2 (for trauma patients)

ABC Score for Massive Transfusion (MT)

Penetrating trauma	yes = 1 no = 0
HR ≥ 120 bpm	yes = 1 no = 0
SBP ≤ 90 mmHg	yes = 1 no = 0
Positive FAST	yes = 1 no = 0

Interpretation:

Score 0 →< 1% of MT
Score 1 →10% of MT
Score 2 →40% of MT
Score 3 →50% of MT
Score 4 →100% of MT

Shock Index (SI) – Heart Rate/Systolic Blood Pressure (0.5 -0.7 is normal)

SI > 1.0 is a predictor of increased mortality and an indication for MTP activation in a trauma patient.

FOLEY TAMPONADE TECNIQUE

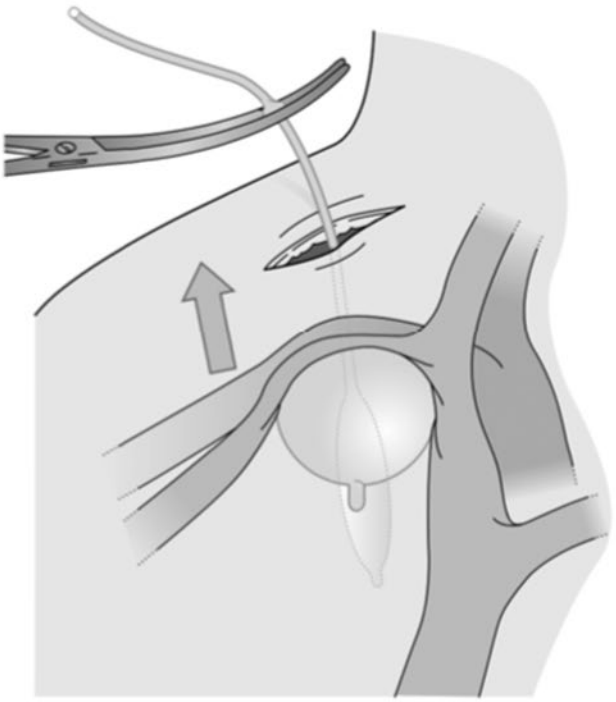

Figure 2 Foley catheter balloon tamponade. A Foley catheter is introduced into the bleeding neck wound following the wound track. The balloon is inflated with 10–15 ml water or until resistance is felt. The catheter is clamped to prevent bleeding through the lumen. The neck wound is sutured around the catheter.

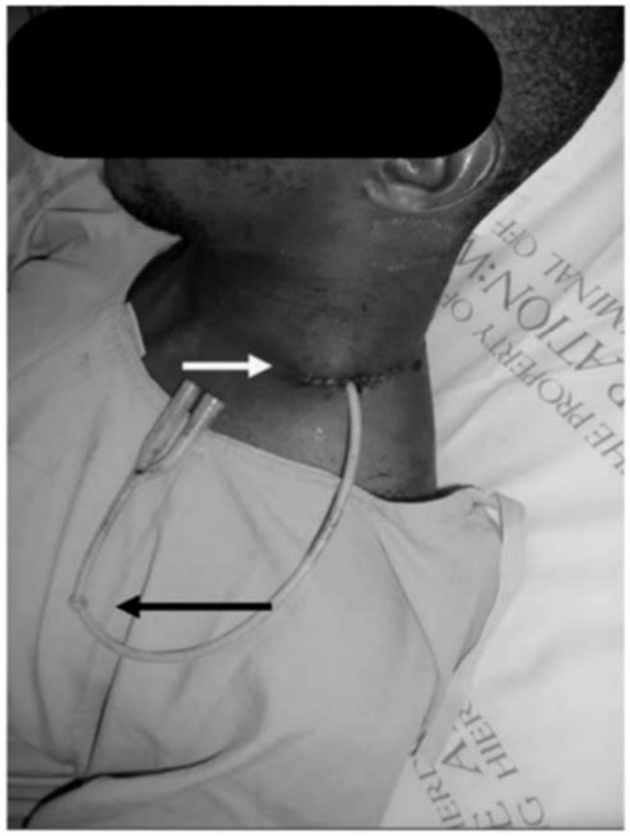

Figure 3 Foley catheter balloon tamponade in a zone 2 neck injury. The catheter is knotted on itself (black arrow) acting as a clamp to prevent flow of blood through the lumen. The wound is suture around it (white arrow).

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TOURNIQUET PLACEMENT

ALWAYS **record application time**